

# ARIZONA CORPORATION COMMISSION

## CORPORATIONS DIVISION

### SUBMISSION COVER SHEET

Important: USE A SEPARATE COVER sheet for each document.

Are you filing: ☐ New Entity ☐ Change to existing Entity ☐ Re submission/Correction

Please Select AND Complete all the Appropriate Sections 1 through 10:

Regarding (Name/Proposed name for Corp/LLC):

1. Type in Name: \_\_\_\_\_
2. **Filing Type:** (Select Only One)
  - ☐ Articles of Domestication .....\$100.00
  - ☐ Articles of Incorporation (P).....\$ 60.00
  - ☐ Articles of Incorporation (NP) .....\$ 40.00
  - ☐ Articles of Organization.....\$ 50.00
  - ☐ Application For Authority (Business).....\$175.00
  - ☐ Application to Conduct Affairs (NP).....\$175.00
  - ☐ Application for New Authority .....\$175.00
  - ☐ Application for Registration.....\$150.00
  - ☐ Articles of Amendment.....\$ 25.00
  - ☐ Articles of Amendment & Restatement.....\$ 25.00
  - ☐ Articles of Correction.....\$ 25.00
  - ☐ Articles of Merger/Share Exchange.....\$100.00
  - ☐ Affidavit of Publication .....No Fee
  - ☐ Other: \_\_\_\_\_
3. **Extras:**
  - ☐ Certified Copies ( ) (Qty @ \$5 each for Corps
  - ☐ Certified Copies ( ) (Qty @ \$10 each for LLC's
  - ☐ Good Standing Certificate ( ) (Qty @ \$10 ea.)
  - ☐ Expedite Good Standing (\$35.00 extra)
  - ☐ Expedite Certified Copies (\$35.00 extra)
4. **Processing Type (Select One)**
  - ☐ **Expedited (\$35.00)** (Priority service, Additional Fee Per Document) Completed as soon as possible. View current processing times at <http://corporations.azcc.gov>
  - ☐ **Regular** View current processing times at <http://corporations.azcc.gov>
5. **Select Payment type:**
  - ☐ Check Amt \_\_\_\_\_ Check # \_\_\_\_\_
  - ☐ Cash Amt \_\_\_\_\_
  - ☐ MOD Amt \_\_\_\_\_ MOD # \_\_\_\_\_
  - ☐ No fee required
  - ☐ See attached distribution of funds instructions
6. **Total Payment Type:** \$ \_\_\_\_\_
7. **Other Special Instructions:** \_\_\_\_\_
8. **SELECT ONE RETURN DELIVERY OPTION :**
  - ☐ Mail ☐ Pick Up ☐ Fax # \_\_\_\_\_
9. **The following individual should be called to pick up completed documents:**

**Pick-up by:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(FOR ACC USE ONLY. Do not fill in this box)

10. **Name/Service Co.** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Please respond promptly to phone messages. Documents will be mailed if they are not picked up in a timely manner - approximately two weeks. In that event, the documents should be mailed to the following address:

**Firm Name:** \_\_\_\_\_ **Attn:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_